

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 28 PM 4:14

SUB-STATE
TALLAHASSEE - FLORIDA

DOCUMENT # **N03000001186**

1. Corporation Name

GAVCARR FOUNDATION Incorporated

300182678533
06/28/10--01041--014 **603.75

REINSTATEMENT 04-10
CR2B081 (6/10)

2. Principal Office Address - No P.O. Box #

1103 Vegas Court

Suite, Apt. #, etc.

3. Mailing Office Address

1103 Vegas Court

Suite, Apt. #, etc.

City & State

Charlottesville, VA

City & State

Charlottesville, VA

Zip

22901

Country

USA

Zip

22901

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/2003

5. FEI Number

03-0511723

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kiima Sealey

Street Address (P.O. Box Number is Not Acceptable)

3202 Heatherbrook Way

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Kiima Sealey

Date

6/18/10

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir	Eulie Westcarr	1103 Vegas Court	Charlottesville, VA 22901
Dir	Arlene Westcarr Solomon	1110 Olivine Dr	Alpharetta, GA 30022
Dir/Chair	Geneva Edmond	1212 Alhambra Way	St. Pete, FL 33705

10. E-mail Address: **Seana126@yahoo.com**

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Eulie Westcarr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/10

Date

Daytime Phone #